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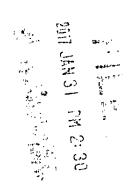
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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M. MILLIGAN FEB 01 2017

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	ns				
SUBJECT:	KARMA HOLDING	GS LLC SERIES B				
		Name of I	Limited Liability (Company		
					insact Business in Florida," Company to transact busines	
Please return	all correspondence c	concerning this matter to the	following:			
	PRAJESH MO	HAN				
		Na	ame of Person			
	KARMA HOL	DINGS LLC SERIES B				
		Fi	rm/Company			
	16 2 09 GREAT	BLUE HERON CT				
			Address			
	WINTER GAR	RDEN FL 64787				
		City/S	tate and Zip Code			
	PRAJESHMOH	AN@GMAIL.COM				
		E-mail address: (to be used	l for future annual	report not	ification)	
For further in	nformation concernin	g this matter, please call:				
PR	AJESH MOHAN		310 at (436-51	41	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	ision of Corporations gistration Section Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	c ADDRESS: of Corporations ion Section uilding cutive Center Circle iee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ring amount: \$\square\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cert of Status & Certified Copy	

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IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI DH 45999-0023

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KARMA HOLDINGS LLC SERIES B PRAJESH MOHAN MBR 16209 GREAT BLUE HERON CT WINTER GARDEN FL 34787

001425

Date of this notice: 06-10-2016

Employer Identification Number: 35-2563089

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 35-2563089. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2017

If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

1,(Name of Fore	eign Limited Liability Company; mu	st inclu	de "Limited Liab	ility Company," "L.L.C.," or	"LLC.")
Liability Company," "L.L.C," NEVADA	Iternate name adopted for the purpos " or "LLC.")		nsacting business	in Florida. The alternate nar	me must include "Limited
(Jurisdiction under the law	of which foreign limited liability	3.		(FEI number, if applicable)
company is organized)					
	(Date first transacted busine (See sections 605.0904 & 605	ess in F	orida, if prior to	registration.)	_
. 16209 GREAT BLUE	HERON CT, WINTER GARDE			penalty hability)	_
					- - -
	(Street Address of				
16 2 09 GREAT BLUE I	HERON CT, WINTER GARDEN	VFL3	4787		Table 19 Mar
		•			
	(Mailing	Addres	3)		
Name and street address	•			\$1_\	7:2
. Name and <u>street addres</u>	ss of Florida registered agent: (P PRAJESH MOHAN	.U. B0	x <u>NOT</u> accepta	ble)	و الم
Name:					1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Office Address:	16209 GREAT BLUE HERON	CT			
	WINTER GARDEN			34787 , Florida	
	(City)			(Zip code)	_
lesignated in this applica o complywith the provisi	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent	tment of	as registered ag and complete	ent and agree to act in th	is capacity. I further agree
	(Regist	ered ag	ent's signature)		
	acity and address of the person(s) MBER, 16209 GREAT BLUE H			ty to manage is/are:	
WINTER GARDEN FL 3	34787				
9. Attached is a certificate urisdiction under the law of the translator must be so		entifica	te is in a foreig	ated by the official having n language, a translation o	custody of records in the of the certificate under oath
	Signature	of an a	uthorized person		
	I in accordance with section 605.0 the Department of State constitute PRAJESH MOHAN				

Typed or printed name of signee





BARBARA K. CEGAVSKE Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708 Website: www.nvsos.gov

Articles of Organization Limited-Liability Company (PURSUANT TO NRS CHAPTER 86)

Filed in the office of	Document Number		
Barbara K. Cegavske Secretary of State State of Nevada	20150400171-71		
	Filing Date and Time		
	09/08/2015 1:37 PM		
	Entity Number		
	E0426942015-7		

USE BLACK INK ONLY - DO NOT HIGHLIGHT				ABOVE SPACE IS FOR OFFICE USE ONLY		
1. Name of Limited- Liability Company: (must contain approved limited-liability company wording; see instructions)	KARMA HOLDINGS LLC		Se	neck box if a pries Limited- pility Company	Check box if a Restricted Limited- Liability Company	
2. Registered Agent for Service of Process: (check	Commercial Registered Agent: IN Nar Noncommercial Registered Agent			osition with E	intity	
only one box)	(name and address below)		(name and	d address below	v)	
	Name of Noncommercial Registered Agent	OR Name of Title of	Office or Other Pos	ition with Entity		
				Neva	ıda	
	Street Address	City			Zip Code	
				Neva	ıda	
	Mailing Address (if different from street addr	ess) City			Zip Code	
3. Dissolution Date: (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual):					
4. Management: (required)	Company shall be managed by:	Manager(s) (check	OR only one box)	Member(s)		
5. Name and Address of each	1) PRAJESH MOHAN Name					
Manager or	16209 GREAT BLUE HERON COUR	RT WIN	TER GARDEN	FL	. 34787	
Managing Member:	Street Address	City		State	Zip Code	
(attach additional page if more than 3)	2) Name					
	Street Address	City		State	Zip Code	
	3)			,		
	Name			;		
				, <u>;</u>		
O Essentino Desse	Street Address	City		State	Zip Code	
6. Effective Date and Time: (optional)	Effective Date:	E	ffective Time:	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7. Name, Address	I declare, to the best of my knowledge under p	enalty of perjury, that th	e information contail	ned herein is co	rrect and acknowledge	
and Signature of	that pursuant to NRS 239,330, it is a category the Secretary of State.	C felony to knowingly of	fer any false or forge	d instrument fo	filing in the Office of	
Organizer: (attach	PRAJESH MOHAN	···· X :	PRAJESH MOHAN			
additional page if more	I TO DEDITION THE TOTAL TH					
than 1 organizer)	16209 GREAT BLUE HERON COUL		TER GARDEN	FI	34787	
	Address	City		State		
8. Certificate of	I hereby accept appointment as Re	egistered Agent for	the above nam	ed Entity.		
Acceptance of	X INCORP SERVICES, INC.	_			2015	
Appointment of Registered Agent:	Authorized Signature of Registered Ager	at or On Rehalf of Pag	nistered Agent Ent		2015	
Hogisteres rigeliti	L varionizan oldusinia ol nedistelen võel	ir or our never or net	SIGNORA WARRING FOR	u., Dele		

Articles of Organization (PURSUANT TO NRS CHAPTER 86)

CONTINUED

Includes data that is too long to fit in the fields on the NRS 86 Form and all additional managers and organizers

ENTITY NAME	KARMA HOLDINGS LLC
FOREIGN NAM TRANSLATION	\cdot 1.5 \cdot 1
REGISTERED AGENT NAME	INCORP SERVICES, INC.
STREET ADDRESS:	Not Applicable
MAILING ADDRESS:	Not Applicable

SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **KARMA HOLDINGS LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 8, 2015, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 26, 2017.

BARBARA K. CEGAVSKE Secretary of State

Schora K. Cegevske

Electronic Certificate
Certificate Number: C20170126-2510
You may verify this electronic certificate
online at http://www.nvsos.gov/